FILE NOW: FILING FEE IS \$61.25

NONPROFIT

CORPORATION

ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90082 003 ****61.25

DOCUMENT	#	752766
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1. Corporation Name

Principal Place of Business

FAITH LUTHERAN CHURCH OF JACKSONVILLE, IN

5927 Old Timuquana Road Jacksonville, FL 32210

5927 Old Timuquana Road Jacksonville, FL 32210

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Mailing Address

S		US		
2.	Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/03/1980	3a Date of Last Rep 1/21/1998
_	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
راء		<u> 27 </u>	59-1.447573	Not Applicable
	City & State	City & State	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
2 L 4]	Zip Country	Zip Coun 29 30	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
-1	9. Name and Address of Current R	Registered Agent	10. Name and Address of New R	legistered Agent

81 Name

83

84

City

Street Address (P.O. Box Number is Not Acceptable)

John E. Hugus

6710 Collins Road APt. 512 Jacksonville, FL 32244

1	Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere
••	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutés.

SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
12.	OFFICERS AND DIRECTORS	0_/	13.	ADDITIONS/CHANGES TO OTHERS A			
TITLE	$ \mathbf{T} $	DELETE	1.1 TITLE	T Soportion	Change	☐ Addition	
NAME	Geneviêve Turano		1.2 NAME	Fred LUETHY			
STREET ADDRESS			1.3 STREET ADDRESS	5595 Canvasback Rd			
CITY-ST-ZIP	Jacksonville, FL 32210		1.4 CITY-ST-ZIP	Middleburg, FL 32068			
TITLE	D	☐ DELETE	2.1 TITLE	ridatebary, 11 52000	Change	Addition	
NAME	Laura Crane		2.2 NAME			İ	
STREET ADDRESS	500 Chaffee Rd Lot 45		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE	Jacksonville, FL-32221	DELETE	3.1 TITLE		Change	— ☐ Addition =	
NAME	Dat		3.2 NAME				
STREET ADDRESS	Pat WOlf		3.3 STREET ADDRESS			ĺ	
CITY-ST-ZIP	1170 Hamilton Ave		3.4. CITY-ST-ZIP				
TITLE	Jacksovnille, FL 32205	DELETE	4,1 TITLE	D	Change	Addition	
NAME			4. 2 NAME	Scott Siedschlag		` \	
STREET ADDRESS			4.3 STREET ADDRESS	P O Box 173		ì	
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	Macclenny, FL 32063			
TITLE	D	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME	Barbara Engel		5.2 NAME				
STREET ADDRESS	<u> </u>		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIddleburg, FL 32068		5.4 CITY-ST-ZIP				
TITLE	P	DELETE	6.1 TITLE		Change	Addition	
NAME	John E. Hugus		6.2 NAME				
	6710 Collins Rd Apt 512		6.3 STREET ADDRESS				
	Jacksonville, FL 32244		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental agrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an appear with an address, with all other like empowered.

SIGNATURE

GRATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-2-99

904-771-661

Zip Code

Daytime Phone #